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75 Michael I. Kroll 171 Stillwell Lane Syosset, NY 11791	90 03/10/2006			Cell hereby certify that the States Postal Service addressed to the Mai	rtificate of Mailing or Tran	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
					Chille 6/12/0	(Depositor's name) (Signature)
APPLICATION NO.	FILING DATE	FIRST NA	MED INVE	NTOP	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/732,749 12/09/2003 Richard Kilian 06/16/2006 CNGUYEN1 00000062 10732749 TITLE OF INVENTION: DEEP-SET PAINT PAN WITH A FORM FITTED LID 01 FC:2501 700.00 OP						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE PUI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	06/12/2006
EXAMINER		ART UNIT		ASS-SUBCLASS		
FIDEI, DAVID 3728 206-229000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗀 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are	enclosed: Phoni7	The l	neck in the a	mount of the fee(s) is endit card. Form PTO-203 hereby authorized by charge	nclosed.  8- is attached:  arge the required fee(s), or cre	edit any overpayment, to ra copy of this form).
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \end{align*}						
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Authorized Signature	V 16	VE VE VO	<del>-</del>	Date	6/17/00	,
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